

Practitioner's Docket No. MAKO-12 CONT

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Frederick M. Mako, Robert L. Bruce

Application No.: 10/773,516

Filed: 02/05/04

For: CERAMIC JOINING

**CERTIFICATE OF FIRST CLASS MAILING WITH MAIL STOP (CM-MS) (37 C.F.R.  
§ 1.8(a)(i)(1)(A))**

I hereby certify that on January 28, 2009 the following correspondence:

Name of Paper: AMENDMENT TRANSMITTAL

Number of Pages: 2

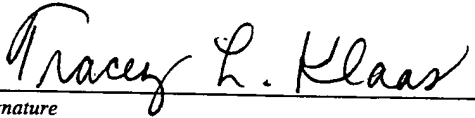
Fees: Three-month extension      Amount: \$555.00      Payment By: Check

Other: AMENDMENT

is being deposited with the United States Postal Service in an envelope addressed to:

Mail Stop Amendment  
Commissioner for Patents  
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Signature

Telephone Number: 412-621-9222

Tracey L. Klaas  
\_\_\_\_\_  
Type or print name of person certifying



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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Frederick M. Mako, Robert L. Bruce

Application No.: 10/773,516  
Filed: 02/05/2004  
For: CERAMIC JOINING

Group No.: 1791  
Examiner: Melvin C. Mayes

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is a small entity. A statement was already filed.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for three months:

Fee: \$555.00

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

|   | (Col. 1)                                  | (Col. 2)                              | (Col. 3)         | SMALL ENTITY |               |  |      |
|---|---|---------------------------------------|------------------|--------------|---------------|--|------|
|   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE         | ADDIT.<br>FEE |  |      |
| TOTAL                                     | 3   | 20                                    | = 0              | x \$ 26.00   | = \$          |  | 0.00 |
| INDEP.                                    | 1   | 3                                     | = 0              | x \$ 110.00  | = \$          |  | 0.00 |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |   |                                       | +                | \$ 0.00      | = \$          |  | 0.00 |
|   |   |                                       |                  | TOTAL        |               |  |      |
|   |   |                                       |                  | ADDIT. FEE   | \$            |  | 0.00 |

No additional fee for claims is required.

**FEE PAYMENT**

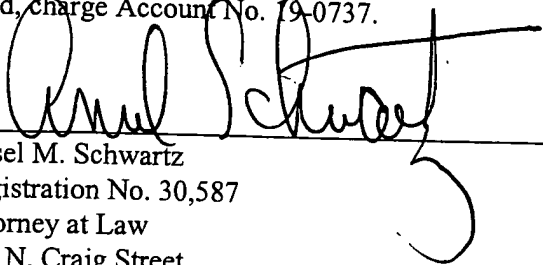
5. Attached is a check in the sum of \$555.00.

A duplicate of this paper is attached.

**FEE DEFICIENCY**

6. If an additional extension and/or fee is required, charge Account No. 19-0737.

If an additional fee for claims is required, charge Account No. 19-0737.



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